

PREPARE IN DUPLICATE				CONTROL NO.											
1. TITLE OF REPORT (If a fill-in report include Form No.)				2. TYPE OF REPORT											
TDY CLEARANCE LIST FORM No. 1209				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">STATISTICAL</td> </tr> <tr> <td style="padding: 2px;">NARRATIVE</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> MACHINE-NAME LISTING</td> </tr> </table>		STATISTICAL	NARRATIVE	<input checked="" type="checkbox"/> MACHINE-NAME LISTING							
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3. FUNCTIONAL AREA		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input checked="" type="checkbox"/> PERSONNEL</td> <td style="width: 50%; padding: 2px;">TRAINING</td> </tr> <tr> <td style="padding: 2px;">LOGISTICS</td> <td style="padding: 2px;">SECURITY</td> </tr> <tr> <td style="padding: 2px;">MEDICAL</td> <td style="padding: 2px;">FINANCE</td> </tr> </table>		<input checked="" type="checkbox"/> PERSONNEL	TRAINING	LOGISTICS	SECURITY	MEDICAL	FINANCE	ADMIN. GENERAL OTHER (specify)					
<input checked="" type="checkbox"/> PERSONNEL	TRAINING														
LOGISTICS	SECURITY														
MEDICAL	FINANCE														
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)											
4		Weekly		2											
7. FORMAT (memorandum, form computer print-out, etc) List		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT											
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">YES</td> <td style="width: 50%; padding: 2px;">IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> NO</td> <td style="padding: 2px;"></td> </tr> </table>		YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		UNKNOWN							
YES	IF YES GIVE ADP PROCESSING NO.														
<input checked="" type="checkbox"/> NO															
10. PREPARING COMPONENT (Include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)												
CPB			NONE												
12. COST FACTORS															
A. MANUAL PREPARATION AND REVIEW COSTS															
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED = COST PER YEAR										
GS-05	\$3.78	1.70		\$6.43	52 \$334.36										
GS-09	5.54	.30		1.66	52 86.32 \$420.68										
B. COSTS OF COMPUTER PRODUCED REPORTS															
N. A.															
TOTAL COSTS PER YEAR					\$420.68										
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.															
<p>Distribution of this report was much greater until about three or four years ago. At that time I questioned each recipient as to justification for the report. This resulted in elimination of all but two customers - TSD and FID. Origin date of this report unknown.</p>															
14. FUTURE GOALS															
GOAL PROPOSED BY COMPONENT FOR THIS REPORT				ESTIMATED SAVINGS											
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MAN-HOURS	DOLLARS														
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16. DATE OF INVENTORY		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100150023-6													
8 October 1970															